

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-021776

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 187

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Wapello	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		c. CITY OR TOWN Ottumwa	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 224 N. Schuyler	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Kathryn Middle Joan Last Brunk		4. DATE OF DEATH Month June Day 9 Year 1962	
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/29/23
9. AGE (last birthday) 38		IF UNDER 1 YEAR Months 38 Days 38	IF UNDER 24 HR Hours 38 Min. 38
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY domestic	11. BIRTHPLACE (City and state or country) Wapello Co. Iowa
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Frank Boyd	
13b. MOTHER'S MAIDEN NAME Grace Craig		14. NAME OF HUSBAND OR WIFE Hubert Brunk	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Hubert Brunk-Ottumwa, Iowa		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Chest, and internal injuries		INTERVAL BETWEEN ONSET AND DEATH Minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) broken lower jaw and both arms	
		DUE TO (c) auto - truck collision	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART III, as applicable.) Mrs Brink apparently went to sleep while driving north on U.S. # 63 app. 5 miles N. of the N. Junction of 63 & Mo. # 6., her car crossed to the W. edge of the pavement striking the rear wheel of a semi truck going S.	
20c. TIME OF INJURY Hour 4:20 AM/PM AM Month, Day, Year June 9, 1962	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi-way # 63	20f. CITY, TOWN, OR LOCATION N. of Kirksville,	COUNTY Adair, STATE Mo.
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred on June 9, 1962 at 4:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Nova E. Foster, Coroner, Adair Co.		22b. ADDRESS Kirksville, Adair, Mo.	22c. DATE SIGNED 6-9-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/9/62	23c. NAME OF CEMETERY OR CREMATORY Ottumwa Cemetery	23d. LOCATION (City, town, or county) (State) Ottumwa, Iowa
24. FUNERAL DIRECTOR Johnson F. Home-Ottumwa, Iowa		25. DATE RECD. BY LOCAL REG. June 12-1962	26. REGISTRAR'S SIGNATURE Dore W. Ratliff

JUN 26 1962

JUN 19 1962

Permit issued June 9, 1962

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.